

SUMMER DANCE CAMP

REGISTRATION FORM

Ages 7 and up

NAME OF PARTICIPANT _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

***Payment Option #1 (payment in full \$125)_____**

***Payment Option #2 (\$25 deposit) _____**

Mail to:
Reflections Dance Center
PO box 804
Grove City, Ohio 43123

